

**ISSUE SLIP STAPLE AREA (for additional cross-references)**

## **ISSUING CLASSIFICATION**

**^ Continued on Issue Slip Inside File Jacket**

## **INDEX OF CLAIMS**

✓ ..... Rejected - (Through numeral) ... Canceled N ..... Non-elected A ..... Appeal  
= ..... Allowed + ..... Restricted I ..... Interference O ..... Objected

| Claim | Final<br>Original | Date |
|-------|-------------------|------|
| 1     |                   |      |
| 2     |                   |      |
| 3     |                   |      |
| 4     |                   |      |
| 5     |                   |      |
| 6     |                   |      |
| 7     |                   |      |
| 8     |                   |      |
| 9     |                   |      |
| 10    |                   |      |
| 11    |                   |      |
| 12    |                   |      |
| 13    |                   |      |
| 14    |                   |      |
| 15    |                   |      |
| 16    |                   |      |
| 17    |                   |      |
| 18    |                   |      |
| 19    |                   |      |
| 20    |                   |      |
| 21    |                   |      |
| 22    |                   |      |
| 23    |                   |      |
| 24    |                   |      |
| 25    |                   |      |
| 26    |                   |      |
| 27    |                   |      |
| 28    |                   |      |
| 29    |                   |      |
| 30    |                   |      |
| 31    |                   |      |
| 32    |                   |      |
| 33    |                   |      |
| 34    |                   |      |
| 35    |                   |      |
| 36    |                   |      |
| 37    |                   |      |
| 38    |                   |      |
| 39    |                   |      |
| 40    |                   |      |
| 41    |                   |      |
| 42    |                   |      |
| 43    |                   |      |
| 44    |                   |      |
| 45    |                   |      |
| 46    |                   |      |
| 47    |                   |      |
| 48    |                   |      |
| 49    |                   |      |
| 50    |                   |      |

| Final<br>Claim | Original | Date |
|----------------|----------|------|
| 51             |          |      |
| 52             |          |      |
| 53             |          |      |
| 54             |          |      |
| 55             |          |      |
| 56             |          |      |
| 57             |          |      |
| 58             |          |      |
| 59             |          |      |
| 60             |          |      |
| 61             |          |      |
| 62             |          |      |
| 63             |          |      |
| 64             |          |      |
| 65             |          |      |
| 66             |          |      |
| 67             |          |      |
| 68             |          |      |
| 69             |          |      |
| 70             |          |      |
| 71             |          |      |
| 72             |          |      |
| 73             |          |      |
| 74             |          |      |
| 75             |          |      |
| 76             |          |      |
| 77             |          |      |
| 78             |          |      |
| 79             |          |      |
| 80             |          |      |
| 81             |          |      |
| 82             |          |      |
| 83             |          |      |
| 84             |          |      |
| 85             |          |      |
| 86             |          |      |
| 87             |          |      |
| 88             |          |      |
| 89             |          |      |
| 90             |          |      |
| 91             |          |      |
| 92             |          |      |
| 93             |          |      |
| 94             |          |      |
| 95             |          |      |
| 96             |          |      |
| 97             |          |      |
| 98             |          |      |
| 99             |          |      |
| 100            |          |      |

| Claim             | Date |
|-------------------|------|
| Final<br>Original |      |
| 101               |      |
| 102               |      |
| 103               |      |
| 104               |      |
| 105               |      |
| 106               |      |
| 107               |      |
| 108               |      |
| 109               |      |
| 110               |      |
| 111               |      |
| 112               |      |
| 113               |      |
| 114               |      |
| 115               |      |
| 116               |      |
| 117               |      |
| 118               |      |
| 119               |      |
| 120               |      |
| 121               |      |
| 122               |      |
| 123               |      |
| 124               |      |
| 125               |      |
| 126               |      |
| 127               |      |
| 128               |      |
| 129               |      |
| 130               |      |
| 131               |      |
| 132               |      |
| 133               |      |
| 134               |      |
| 135               |      |
| 136               |      |
| 137               |      |
| 138               |      |
| 139               |      |
| 140               |      |
| 141               |      |
| 142               |      |
| 143               |      |
| 144               |      |
| 145               |      |
| 146               |      |
| 147               |      |
| 148               |      |
| 149               |      |
| 150               |      |

If more than 150 claims or 9 actions staple additional sheet here